
State: District of Columbia **Filing Company:** Globe Life And Accident Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.013 Plan G (High) 2020
Product Name: Medicare Supplement Policy
Project Name/Number: Medicare Supplement Policy/GMSHDG

Filing at a Glance

Company: Globe Life And Accident Insurance Company
Product Name: Medicare Supplement Policy
State: District of Columbia
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.013 Plan G (High) 2020
Filing Type: Form
Date Submitted: 11/13/2019
SERFF Tr Num: AMLC-132152908
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: GMSHDG
Implementation: On Approval
Date Requested:
Author(s): Louise Sanders, Tiffany Baysinger
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

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General Information

Project Name: Medicare Supplement Policy
Project Number: GMSHDG
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 07/02/2019
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/13/2019
State Status Changed:
Created By: Tiffany Baysinger
Corresponding Filing Tracking Number: AMLC-132152907

Deemer Date:
Submitted By: Tiffany Baysinger

Filing Description:
RE: Medicare Supplement Policy Form GMSHDG

We are submitting for your review and approval the subject Medicare Supplement Policy and related forms. These forms are being submitted as a new filing and do not replace any previously approved forms. This policy is intended to provide coverage to Medicare recipients, will be marketed to individuals by direct response solicitation, and is completed in John Doe fashion.

Outline of Coverage form DS-GMS2020 was filed and approved for general use with our Medicare Supplement portfolio under SERFF filing AMLC-132036113 on 09/17/2019.

Application forms GM00 and IT65 were filed and approved for general use with our Medicare Supplement portfolio under SERFF filing AMLC-130903047 on 06/15/2017.

Copies of the Actuarial Memorandum and rates are being submitted under separate cover. Please reference SERFF filing AMLC-132152907.

The forms do not contain any unusual or unorthodox provisions and wording.

I hereby certify that I have carefully reviewed the forms and, to the best of my knowledge and ability, find:

- (1) the forms conform to all insurance statutes and department requirements of your jurisdiction;
- (2) the forms contain no provisions previously disapproved by your department;
- (3) the forms have been filed in Nebraska, our state of domicile, and will be filed in all jurisdictions where the company operates; and
- (4) the forms will be used for coverage effective on or after January 1, 2020.

Your early review and approval of this filing would be greatly appreciated. If you have any questions, please feel free to contact me collect at (972) 569-4092, or by e-mail at tkbaysinger@globe.life.

Company and Contact

Filing Contact Information

Tiffany Baysinger, Compliance Analyst tkbaysinger@Globe.Life
3700 S. Stonebridge Drive 972-569-4092 [Phone]
McKinney, TX 75070

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Globe Life And Accident Insurance
Company
P.O. Box 8080
McKinney, TX 75070
(800) 801-6831 ext. [Phone]

CoCode: 91472
Group Code: 290
Group Name: Liberty National
FEIN Number: 63-0782739

State of Domicile: Nebraska
Company Type: Life and
Health
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Globe Life And Accident Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.013 Plan G (High) 2020		
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Form Schedule

Lead Form Number: GMSHDG								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Medicare Supplement Policy	GMSHDG	POL	Initial		58.560	GMSHDGdc.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

NOTICE TO BUYER: This policy may not cover all of Your medical expenses.

MEDICARE SUPPLEMENT POLICY

HIGH DEDUCTIBLE BENEFIT PLAN G

**GUARANTEED RENEWABLE FOR LIFE. COMPANY CANNOT CANCEL POLICY.
COMPANY MAY CHANGE PREMIUM RATES BY CLASS AND AS MEDICARE BENEFITS
CHANGE AS PROVIDED IN THE GUARANTEED RENEWAL PROVISION.**

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

[3700 S. Stonebridge Drive, McKinney, Texas 75070 (972) 529-5085]

A Nebraska Stock Company * Home Office: [McKinney, Texas]

30-DAY RIGHT TO EXAMINE POLICY

If You are not satisfied with this policy for any reason, return it to Our Home Office or to the agent within 30 days after You receive it. Any premium You paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

GUARANTEED RENEWAL PROVISION

You can renew and continue this policy in force, during Your lifetime, for successive renewal terms by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under Our applicable table of premium rates that is in effect on the respective due dates of such premiums.

We have the right to change the renewal premiums for this policy when We change, and in accordance with, Our table of premium rates applicable to all policies of this form and class. Class is based on gender, year of issue, age at issue, area of the state in which You resided at issue, and underwriting group at issue for policyholders of this form in Your state.

Until You are age [81], Your premiums will increase on each policy anniversary solely because of Your age change. Your premiums may also be increased due to increasing health care costs for all policies in Your class.

The benefits provided by this policy, which are designed to cover cost sharing amounts under Medicare, will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance Amounts which You are required to pay under Medicare. We have the right to amend this policy to meet the minimum standards of Medicare supplement insurance. The renewal premiums for this policy may change on the renewal date following the effective date of any such applicable change. Any such premium change will be based on the actuarial computations which We then use to determine the renewal premium.

POLICY SCHEDULE

INSURED	POLICY NUMBER	EFFECTIVE DATE	INITIAL TERM EXPIRES ON	INITIAL PREMIUM	ANNUAL HIGH DEDUCTIBLE
[John Doe]	[0000000]	[01-01-20]	[01-01-21]	[\$[0]]	[\$[2,340]]

This policy contains an Annual High Deductible which will be adjusted pursuant to applicable federal laws and regulations each Calendar Year.

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PRE-EXISTING CONDITIONS LIMITATIONS PROVISION

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the policy effective date.

If You have a Pre-Existing Condition and qualify for open enrollment and have had a Continuous Period of Creditable Coverage for at least 60 days, We cannot exclude coverage based on the Pre-Existing Condition. If the period of Creditable Coverage is less than 60 days, We will give credit for the amount of time of Creditable Coverage You have had towards fulfilling the Pre-Existing Condition exclusion period.

If You have a Pre-Existing Condition and qualify for guaranteed issue of a Medicare Supplement policy due to loss of certain prior coverage in accordance with state and federal regulation, the Pre-Existing Conditions Limitations Provision will not apply.

If You have a Pre-Existing Condition and are replacing coverage under a different Medicare Supplement policy that You had for at least 60 days, the Pre-Existing Conditions Limitations Provision will not apply. If You are replacing coverage under a different Medicare Supplement policy that You had for less than 60 days, We will give credit for the amount of time under that policy toward fulfilling the Pre-Existing Condition exclusion period.

THE INSURING CLAUSE

The Company insures You against specified losses incurred by You. Benefits stated in this policy, subject to all its provisions, limitations, and exclusions, will be paid for the losses which are incurred while this policy is in force.

EXTENDED BENEFIT PROVISION

Termination of the policy shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the Insured, limited to the duration of the policy Benefit Period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must:

1. be eligible for Medicare;
2. be enrolled in both Medicare Parts A and B at all times while Your policy is in effect;
3. have no other Medicare Supplement coverage; and
4. be age 65 or older.

DEFINITIONS

Where used in this policy:

ANNUAL HIGH DEDUCTIBLE means the amount of out-of-pocket expenses for services covered by Medicare, other than premiums, You must incur in the Calendar Year before We will begin to pay benefits during that same Calendar Year. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the Policy. Expenses incurred for the separate foreign travel emergency deductible and expenses prior to the effective date of Your policy will not be applied to this deductible.

The amount of the annual high deductible for the Calendar Year in which this policy was effective is shown in the Policy Schedule. This amount is subject to change each Calendar Year as determined by the Secretary of the United States Department of Health and Human Services pursuant to applicable federal laws and regulations.

BENEFIT PERIOD means the unit of time used in the Medicare program to measure use of services and availability of services under Medicare Part A hospital insurance.

CALENDAR YEAR means the period beginning on each January 1 and ending on the following December 31.

COINSURANCE AMOUNTS means the portion of Medicare-approved expense You are obligated to pay but not including the Medicare Part A inpatient hospital deductible or Part B Calendar Year deductible.

CONTINUOUS PERIOD OF CREDITABLE COVERAGE means the period during which an individual was covered by Creditable Coverage if, during the period of the coverage, the individual had no breaks in coverage greater than sixty-three (63) days.

CREDITABLE COVERAGE means, with respect to an individual, coverage of the individual provided under any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
4. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
5. Chapter 55 of Title 10 United States Code (CHAMPUS);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under Chapter 89 of Title 5 United States Code (Federal Employees Health Benefits Program);
9. A public health plan as defined in federal regulation; and
10. A health benefit plan under Section 5(e) of the Peace Corps Act (22 United States Code 2504(e)).

EMERGENCY CARE means Hospital, Physician, and medical care needed immediately because of an Injury or a Sickness of sudden and unexpected onset.

HOSPITAL means a lawfully operated hospital which has been accredited by the Joint Commission on Accreditation of Hospitals.

HOSPITAL STAY means one day or more of confinement within a Hospital, as a resident patient under the care of a Physician, due to Injury or Sickness.

IMMEDIATE FAMILY means the Insured's spouse or civil union partner. It also includes parent, grandparent, child, grandchild, brother, or sister of Insured, spouse, or civil union partner.

INJURY means accidental bodily injury which is sustained while this policy is in force and includes all injuries resulting from one accident.

MEDICARE means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

MEDICARE-ELIGIBLE EXPENSES means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

PHYSICIAN means a person legally licensed to treat Injury or Sickness, other than You or any member of Your Immediate Family.

PRE-EXISTING CONDITION means an Injury sustained or Sickness first manifesting itself prior to the policy effective date for which medical advice or treatment was recommended or given by a Physician within 6 months prior to the policy effective date.

SICKNESS means illness or disease of an insured person which first manifests itself after the effective date of insurance and while this policy is in force.

SKILLED NURSING FACILITY means a facility certified by Medicare as a Skilled Nursing Facility.

SKILLED NURSING FACILITY STAY means one day or more of confinement within a Skilled Nursing Facility, as a resident patient under the care of a Physician, following a Hospital Stay of at least 3 days. The Skilled Nursing Facility Stay must be for further treatment of the Injury or Sickness requiring the Hospital Stay and begin within 30 days of Hospital discharge.

WE, US, OUR, and COMPANY mean the Globe Life And Accident Insurance Company.

YOU, YOUR, YOURS, and INSURED mean the person whose name is shown in the Policy Schedule.

BASIC CORE BENEFITS

We will pay the following benefits for covered expenses incurred by You due to Injury or Sickness as long as this policy is in force:

PART 1 BENEFITS FOR HOSPITAL STAYS - MEDICARE PART A

Subject to the Annual High Deductible, We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

- 1) Coverage of Part A Medicare-Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period;
- 2) Coverage of Part A Medicare-Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used; and
- 3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

PART 2

MEDICARE BLOOD DEDUCTIBLE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

PART 3

BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

Subject to the Annual High Deductible, if You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare-approved charge:

Coverage for the Coinsurance Amount, or, in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-Eligible Expenses under Part B regardless of Hospital confinement, subject to the Medicare Part B deductible.

Under this PART 3 of this policy, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this policy, or (b) any portion of the Medicare Part B Calendar Year deductible.

PART 4

HOSPICE CARE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

ADDITIONAL BENEFITS

We will pay the following benefits for covered expenses incurred by You due to Injury or Sickness as long as this policy is in force:

PART 5

MEDICARE PART A DEDUCTIBLE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per Benefit Period.

PART 6 BENEFITS FOR SKILLED NURSING FACILITY STAYS - MEDICARE PART A

Subject to the Annual High Deductible, when You have a post-hospital Skilled Nursing Facility Stay which is eligible under Medicare Part A, We will pay the following benefit:

Coverage for the actual billed charges up to the Coinsurance Amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

PART 7

100% EXCESS EXPENSE BENEFIT - MEDICARE PART B

Subject to the Annual High Deductible, We will pay one hundred percent (100%) of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

PART 8 MEDICALLY NECESSARY EMERGENCY CARE IN A FOREIGN COUNTRY

Subject to the Annual High Deductible, We will pay benefits for coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for medically necessary Emergency Care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside of the United States, subject to a Calendar Year deductible of \$250 and a lifetime maximum benefit of \$50,000.

PART 9

LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this policy for:

- 1) Any expense which You are not legally obligated to pay; or**
- 2) Any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; or**
- 3) Any portion of any expense for which payment is made by Medicare; or**
- 4) Custodial or intermediate level care or rest cures; or**
- 5) Any type of expense not eligible for coverage under Medicare, except as provided under PART 8.**

POLICY PROVISIONS

PREMIUM PAYMENT: This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect on the Effective Date shown in the policy schedule on Page 1 at 12:01 a.m., Standard Time, of the place where You reside, and remains in effect until the same hour on the date on which the initial term expires.

The effective date of this policy, the first premium and the date the initial term expires are shown in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at Our Home Office.

ENTIRE CONTRACT; CHANGES: This policy, with the application and attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by Us. This approval must be noted on or attached to this policy.

No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the effective date of this policy, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

No claim for loss incurred after 60 days from the effective date of this policy will be reduced or denied because a Sickness or physical condition had existed before the effective date of this policy.

GRACE PERIOD: This policy has a 31-day grace period. This means that, if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by Us (or by Our agent authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If We or Our agent requires an application, this policy will be reinstated when We approve the application, or on the 45th day after We receive it unless We have previously written You of its disapproval.

The reinstated policy will cover only loss that results from an Injury sustained after the date of reinstatement or Sickness that starts more than 10 days after such date. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

SUSPENSION OF COVERAGE WHILE ENTITLED TO MEDICAID: By written notice to Us, You may request that benefits and premiums for You under this policy be suspended for the period in which You have been determined to be entitled to Medicaid. Written notice must be received by Us within 90 days after the date You become entitled to Medicaid. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid. The suspension period shall not exceed 24 months.

If Your entitlement to Medicaid ends, You must send Us written notice of the loss of such entitlement within 90 days and pay the premium attributable to the period, effective as of the date of termination of entitlement. We will automatically reinstitute Your benefits and premiums under this policy as of the date Your entitlement ended. The reinstituted coverage shall be the same as if no suspension has occurred.

SUSPENSION OF COVERAGE WHILE ENTITLED TO BENEFITS UNDER A GROUP HEALTH PLAN: By written notice to Us, You may request that benefits and premiums for You under this policy be suspended (for any period that may be provided by federal regulation) if You are entitled to benefits under Section 226(b) of the Social Security Act and are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act). Written notice must be received by Us within 90 days after the date You become entitled to coverage under the group health plan. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid.

If Your entitlement to coverage under the group health plan ends, You must send Us written notice of the loss of such entitlement within 90 days and pay the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. We will automatically reinstitute Your benefits and premiums under this policy as of the date Your entitlement ended. The reinstituted coverage shall be the same as if no suspension has occurred.

Reinstitution of these coverages: (1) Shall not provide for any waiting period with respect to treatment of Pre-Existing Conditions; (2) Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and (3) Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder had the coverage not been suspended.

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us at Our Home Office in [McKinney, Texas] or to Our agent.

Notice should include Your name and Your Policy Number.

CLAIM FORMS: When We receive the notice of claim, We will send You any required forms for filing proof of loss, if applicable. If these forms are not given to You within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of Your loss.

PROOF OF LOSS: You must give written proof of loss to Us within 6 months after the date of such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS: Benefits will be paid immediately upon receipt of due written proof of such loss. All accrued benefits will be paid not less than monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death may be paid, at Our option, either to Your beneficiary or Your estate. All other benefits will be paid to You.

If benefits are payable to Your estate or a beneficiary who is not competent to execute a valid release, We can pay benefits up to \$1,000.00 to someone related to You or the beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to change of beneficiary or beneficiaries, or to any other changes in this policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment under this policy shall be binding upon Us unless the original (or a copy of it) is on file at Our Home Office. We do not assume any responsibility for the validity of any assignment.

This policy is signed for Us by Our President and Secretary.

A handwritten signature in cursive script, reading "Brian Mitchell", enclosed within a rectangular box.

President

A handwritten signature in cursive script, enclosed within a rectangular box. The signature is stylized and difficult to decipher.

Secretary

SERFF Tracking #:	AMLC-132152908	State Tracking #:		Company Tracking #:	GMSHDG
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Product Name:	Medicare Supplement Policy				
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Rate Information

Rate data does NOT apply to filing.

State:	District of Columbia	Filing Company:	Globe Life And Accident Insurance Company
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Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Readability Certification.pdf
Item Status:	
Status Date:	

STATEMENT OF VARIABILITY

Policy Form GMSHDG

Page 1 (Title Heading): Company address is variable to allow for future changes. Any changes to the address will be filed with the Department for informational purposes.

Page 1 (Title Heading): City and State in reference to the Home Office is variable to allow for future changes. Any changes to the City and State will be filed with the Department for informational purposes.

Page 1 (Guaranteed Renewal Provision): Attained age is bracketed to allow this number to increase. A new rating structure to add attained age rates past age 80 would first be filed with the Department for approval before any changes are made to the age indicated in the policy form.

Page 1 (Policy Schedule): Insured Name, Policy Number, Effective Date, Initial Term Expires On, Initial Premium, and Annual High Deductible are all variable as this information is specific to each insured.

Page 2 (Table of Contents): Page numbers are variable to allow for numbering provisions due to printing. The 30-Day Right to Examine Policy and Guaranteed Renewal Provision will always print on the cover page.

Page 7 (Notice of Claim provision): City and State in reference to the Home Office is variable to allow for future changes. Any changes to the City and State will be filed with the Department for informational purposes.

Page 8 (Officer Signatures): Officer signatures are variable to allow for future changes.

All pages (Bottom right corner): For internal use only; variable to allow for numbering provisions due to printing.

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
Medicare Supplement Policy Form GMSHDG	58.56

November 11, 2019
Date


Linzee Hakes Ruiz, Vice President

FORM S-1351